Please complete all sections of the coversheet.

If you need further assistance with this form, contact your Department Administrator or your Research Management Grant Administrator.

**Investigator / Department Section:** This section provides contact information for the PI and Department Contacts
- Complete all fields
- PI and/or Department Contact should be available both during the review period and at the time of submission to respond to questions and make required changes

**Sponsor Section:** This section provides sponsor information, including sponsor name, type and deadline requirements

**Immediate Sponsor:**
- Refers to the institution/agency/organization funding the project to BWH/MGH/McLean/Spaulding/Other
- Example: NIH is the Immediate Sponsor for an R21 awarded to BWH

**Originating Sponsor:**
- Refers to the institution/agency/organization funding the Immediate Sponsor
- Example: NIH is awarding funding to Children's Hospital Boston and Children's Hospital Boston wishes to subcontract some of the work to a BWH Investigator. Immediate Sponsor = Children's Hospital Boston; Originating Sponsor = NIH
- For projects where the Partners institution is the primary recipient of funding (i.e., an R01 from NIH to MGH) there is no Originating Sponsor

**Proposal Due Date:**
- Enter the date the proposal is due to the Immediate Sponsor
- For Subcontracts, the Due Date should be the date the proposal is due to the prime institution (Immediate Sponsor)

**RFA/RFP/PA No./or cut & paste Sponsor URL:**
- Refers to the number or name assigned by the sponsoring agency for the mechanism being applied
- Example: PA-07-070 is the PA number for the NIH “parent” R01 announcement
- For Foundations, etc. that do not have RFA/RFP/PA numbers, please cut and paste the URL from the web page that describes the funding opportunity

**Proposal Section:** This section provides basic information about the type of research to be performed

**Proposal Title:**
- Double-check that this matches the title entered on the proposal

**Project Start Date:**
- Enter the start date of the project
- For NIH applications using standard receipt deadlines, check that your start date is no earlier than the earliest allowed start date (see http://grants1.nih.gov/grants/funding/submissionschedule.htm)

**Project End Date:**
- Enter the end date of the project
Activity Type:  
- Check the option that best fits the proposed research
  - **Clinical Research**: research involving humans/human tissue, including, but not limited to, Clinical Trials
  - **Non-clinical Research**: research does not involve humans/human tissue
  - **Training**: NIH K, T, F grants, similar grants from Foundations
  - **Other**: All other proposals

Agreement Type:  
- Check the option that best fits the proposed research
  - **Grant**: Investigator-initiated research
  - **Contract**: Sponsor-initiated research
  - **Subcontract**: Partners institution is applying for funding as a subcontractor on another institution’s application
    - Note: This should be selected only if BWH/MGH/McLean/Spaulding will be RECEIVING a subcontract ("sub in"). Do not check this box if you expect to ISSUE a subcontract to another institution ("sub out").
  - **Internal**: Internal proposals (ECOR, etc.) ONLY
    - Note: Harvard-sponsored funding opportunities are not considered internal proposals.
  - **Gift**: Few or no terms and conditions associated with the funds
  - **Misc/Other

Proposal Type:  
- Check the option that best fits the proposed research
  - **New**: Proposal has not been submitted to sponsor previously
  - **Supplement**: Request for additional funds on an existing award
  - **Non-Competing**: Interim progress reports, NIH 2590, eSNAP
  - **Transfer**: Coversheet required for transfers of projects TO a Partners institution only ("Transfer in")
  - **Resubmission**: Proposal has been revised and is being re-submitted to the sponsor
  - **Renewal**: Competing application for additional cycle of funding on an existing award

Federal Identifier:  
- Federal identifier (Sponsor’s grant number such as R01AI012345, etc.) should be included for everything except New applications

Multi-PI:  
- Refers to NIH’s definition of a Multi-PI study, where multiple investigators are seeking support for projects or activities that clearly require a “team science” approach. A Multi-PI leadership plan would be required as part of the Research Proposal for these applications.
  - Submit the Multi-PI Assurance Certification form (page 2 of Partners Coversheet) if the Multi-PI box is checked

Clinical Trial:  
- Select Yes/No to indicate whether this is a Clinical Trial

Budget Section: This section summarizes the budget, consortium and F&A details

**Total Project Costs**:  
- Estimated Total Costs (Direct plus Indirect) for entire project period

**# of Subcontracts Budgeted**:  
- Note the number of subcontracts to be issued to other institutions (including other Partners entities)
  - If subcontracts to other institutions are included in the project, additional documentation will be needed from the subaward recipients, including a Letter of Intent signed by an Institutional Official and a budget.

**Cost Share**:  
- Select Yes/No to indicate whether there is Cost Sharing on this project
  - Note: Cost sharing is that portion of a project cost, included in the detailed budget and/or narrative portion of the proposal, which is not reimbursed by
the sponsor and, as such, represents an institutional commitment of financial
and/or non-financial resources.

Prior approval is required before Research Management can approve
the submission of applications containing cost sharing. Partners Cost
Sharing Request Form should be sent for review along with proposal.

Proposed Performance
Location:

- Note the location where the project will be performed
- Location should reflect any and all on-site, off-site and clinical
  locations

Compliance Section: This section provides information about the compliance issues associated with the proposal

Radiation/Isotope Use:
- Yes/No must be selected for all compliance questions
- Indicate the planned or potential use of radioactive materials or
  radiation-producing equipment. Examples: Ionizing devices such as
  accelerators, x-ray machines, electron microscope, reactor or fusion
devices. Non-Ionizing devices such as laser, infrared, ultraviolet,
microwave, radio frequency or ultrasonic.

  - For additional information at BWH, contact the Radiation Safety page at
  - For additional information at MGH, contact the MGH Radiation Safety
    Office. Rex Woodleigh, Radiation Protection Officer - West End House –
    basement, 617-726-5128 (After hours/weekends/holidays; 726-2241)

Biohazard: Infectious
Agents/ Human Materials:
- Indicate the planned use of naturally occurring or engineered
  microorganisms/viruses, or biological products (e.g., toxins derived
  from plants, animals, or microorganisms) capable of causing disease
  in humans or animals; human and mammalian cell lines, human tissue,
  and blood.
- If you have already obtained an approval from the Committee on
  Microbiological Safety (COMS), provide a copy of the approval letter.
  Approval is NOT required prior to submission of a proposal, but is
  required prior to acceptance of an award and release of funds.

  - For additional information at BWH, contact the Safety and Environmental
    Compliance Office at
    http://bwh.bwh.org/BWH_EnviroAffairs/default.asp For access to
    COMS forms for BWH, use this link
    http://www.hms.harvard.edu/orsp/coms/Forms/BWH-Forms/BWH-
    forms.htm
  - For additional information at MGH, contact the Environmental Health and
    Safety Office at http://intranet.massgeneral.org/ehs/ehs_home.htm (or
    617-724-4579). For access to COMS forms for MGH, use this link
    http://www.hms.harvard.edu/orsp/coms/Forms/MGH-Forms/MGH-
    forms.htm

Recombinant DNA:
- Indicate the planned use of DNA or RNA molecules, viruses, bacteria,
cells or organisms constructed with Recombinant DNA methodology or
techniques in the lab.
- If you have already obtained an approval from the Committee on
  Microbiological Safety (COMS), provide a copy of the approval letter.
  Approval is NOT required prior to submission of a proposal, but is
  required prior to acceptance of an award and release of funds.

  - For additional information at BWH, contact the Department of
    Environmental Affairs (Bio-Safety) at
    http://bwh.bwh.org/BWH_EnviroAffairs/Biosafety.asp
  - For additional information at MGH, contact the Environmental Health and
    Safety Office (Bio-Safety) at
    http://intranet.massgeneral.org/ehs/ehs_programs_biosafety.htm
Human Embryonic Stem Cells:

- Indicate the planned use of pre-existing human embryonic stem cells (hESC) or the derivation of hESC
  - **Note:** Federal funds can only be used for hESC research using cells listed on the NIH registry. Federal funds cannot be used for research with cells not on the NIH registry or their “derivatives.” Federal funds cannot be used for any derivation of new hESC lines. Examples of research areas that may use hESC include: Diabetes, Obesity, Cardiac disease, Parkinson’s, ALS, Bone growth/Blood vessel growth, Mechanisms of Cell differentiation.
  - For additional information, contact Melinda Abelman, Partners Office for Human Embryonic Stem Cell Research Oversight at [http://phsresearchintranet.partners.org/PHS%5FESCRO/](http://phsresearchintranet.partners.org/PHS%5FESCRO/)

Human Subjects:

- Indicate the planned use of human subjects including survey respondents and secondary data analysis. If use of humans is proposed: Education/Certification in the Protection of Human Research Participants will be required; Institutional Review Board (IRB), approval will be required prior to the acceptance of award and release of funds.
  - If you have already obtained an approval letter from the IRB, provide a copy of the approval letter. Approval is NOT required prior to submission of a proposal, but is required prior to acceptance of an award and release of funds.
  - For additional information, contact the Partners Human Research Committee (PHRC) at [http://healthcare.partners.org/phsirb/hrcoffice.htm](http://healthcare.partners.org/phsirb/hrcoffice.htm)

Animal Studies:

- Indicate the planned use of live vertebrate animals.
  - If you have already obtained an approval letter from the Institutional Animal Care and Use Committee (IACUC), provide a copy of the approval letter. Approval is NOT required prior to submission of a proposal, but is required prior to acceptance of an award and release of funds.
  - For additional information at BWH, contact the Harvard Medical School Standing Committee on Animals at [http://www.hms.harvard.edu/orsp/animal.html](http://www.hms.harvard.edu/orsp/animal.html)
  - For additional information at MGH, contact the MGH Subcommittee on Research Animal Care at [http://is.partners.org/aniweb/](http://is.partners.org/aniweb/)

Cancer Related:

- This field must be populated for any/all projects that are cancer OR cancer related efforts. As participants in the Dana Farber Harvard Cancer Center project, we have a mandatory annual reporting requirement to report all cancer and cancer related projects to Dana Farber (DF). DF is required to report this activity annually to their Prime Sponsor, the National Cancer Institute.

Will information or equipment be shipped outside of the US and/or will foreign nationals be working on the project?

- Partners Export Control Policy and guidance document are posted at [http://phsresearchintranet.partners.org/PHS_ResearchMgmt/RM_Policies.asp](http://phsresearchintranet.partners.org/PHS_ResearchMgmt/RM_Policies.asp). Respond to the questions and Research Management staff will follow up on an as needed basis. For additional information or questions, contact Allison Moriarty (BWH Research Compliance Office), Deb Thiboutot (MGH Research Compliance Office), or Mary Mitchell (PHS Research Compliance Office).

Assurance / Signature Block: This section requires the PI, Chief and others as indicated to certify their approval of the research and of the Assurance Certification, as required by NIH

- The PI and appropriate supervisors/hospital officials must sign this section as required by the sponsor/hospital
o Please be sure to disclose any conflicts by filling out the Conflicts of Interest form for all federal and non-federal sponsors as noted on the Conflicts of Interest form

Research Management cannot approve the submission of applications without a completed Partners Coversheet and Conflicts of Interest Form(s) as required by the Sponsor/Hospital.

<table>
<thead>
<tr>
<th>Multi-PI Assurance Certification:</th>
<th>This section gathers contact information for the additional PIs on a Multi-PI study and requires each additional PI to certify their approval of the research and of the Assurance Certification, as required by NIH</th>
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<td>o Provide accurate contact information</td>
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<td>o Sign and date as noted</td>
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